



Commission on Improving the Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, August 19, 2020

Zoom Meeting

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Senator Jean Breaux
- Jay Chaudhary, Director, Division of Mental Health and Addiction
- Bernice Corley, Executive Director, Public Defender Council
- Representative Dale DeVon
- Justin Forkner, Chief Administrative Officer, Indiana Office of Judicial Administration
- John Hammond IV, Office of the Governor
- Curtis T. Hill, Indiana Attorney General (non-voting member)
- Senator Stacey Danato
- Zac Jackson, Director, State Budget Agency
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Chris Naylor, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Terry Stigdon, Director, Indiana Department of Child Services
- Dr. Jennifer Sullivan, M.D., Secretary, Indiana Family and Social Services Administration
- Representative Vanessa Summers

1. Welcome and Introductions

Representative Dale DeVon called the meeting to order at 10:00 and welcomed all participants and guests.

2. Consent Agenda

Action: The minutes of the June meeting were approved by the Commission.

Action: Approved Equity Guide for Decision-making

Action: Approved Fiscal Year 2020 Annual Report

Action: Approved YRBS letter of Support

3. Data Sharing and Mapping

Presentation: Tyler Brown of the Management Performance Hub explained that the Data Sharing and Mapping Committee was interested in being more proactive in creating data products that can be useful for the Commission or taskforces that serve under the Commission. He presented a [data product](#) out of Kentucky that is a youth and young populations dashboard. The dashboard displays data on various vulnerabilities and outcomes for Kentucky youth by region of the state. Tyler asked whether the Commission members felt that such a dashboard would be useful for the state of Indiana.

Discussion: Terry Stigdon stated that she would love to have all the data available in one place and she supported looking into how to make that happen for Indiana. Rep. DeVon asked what the cost would be, and Tyler replied that he did not know, but was looking for the Commission's approval to have the committee scope out the project. Rep. DeVon asked whether all the necessary data was available, and Tyler noted that the categories of data in Kentucky's dashboard were available, but they did not cover all aspects of the Commission's definition of vulnerable youth. He stated that the Committee may need to tackle the project in waves, adding relevant data sets to match the Commission's population of focus and create a more complete picture. Rep. DeVon asked Tyler to go ahead and find out what it would take to create such a dashboard for Indiana and report the information back to Julie Whitman to share with the Commission.

4. Strategic Priority: Mental Health and Substance Abuse

Presentation: Gretchen Martin, Fatality Review Director at ISDH, presented the findings of the 2018 child fatality review committee on pediatric suicide (slides 5-33 in the [meeting PowerPoint](#)). Indiana saw a significant increase in youth suicide deaths in 2018, when the number rose to 52 from 32 the year before, and Indiana has consistently had a rate higher than the national rate, with suicide being the 2nd leading cause of death for youth ages 10-17 since 2013. Gretchen noted that there were not a lot of common factors in the deaths reviewed, but the most common time of youth deaths by suicide was between 5 and 7 p.m. on weeknights, and the months with the highest numbers of youth suicides were October, September, and April, which correlates with time in school (as opposed to breaks or holidays). She noted that there is not a standard method or single agency responsible for investigating suicide deaths, and that makes a data review such as this challenging.

Gretchen reported the fatality review committee's recommendations in the areas of prevention, intervention and postvention. For prevention, the committee recommends statewide utilization of the program "Handle with Care," in which any law enforcement contact that involves a child triggers a notice from law enforcement to the child's school to "handle with care"—without providing any details of the case. The program involves training for law enforcement on how to handle these circumstances and for schools on how to support children who have had an incident. The committee also recommends full participation in the Youth Risk Behavior Survey in order to have better data to inform prevention efforts.

For intervention, the committee recommends better care coordination for youth upon release from a mental health facility. For postvention, the recommendations are to improve the investigation process and to implement psychological autopsies (structured interviews with family and friends who knew the decedent to collect all relevant information). The goal of these interviews is to inform prevention.

The committee intends to continue reviewing youth suicides to be able to present a five-year trend.

Discussion: Rep. DeVon asked what people can do to be more proactive. Chris Naylor asked if there are good programs to help parents with internet safety, given how kids talk to each other online and suicide clusters might not be limited anymore to a single school or community. Gretchen said the committee learned that when programs are available to parents, it is often difficult to get parents to engage. Dr. Hulvershorn said that clusters were not very common, but the single most impactful thing that the state could do would be to ensure that kids who need mental health care receive it, since half of those youth who died by suicide were not engaged in any treatment. Sen. Breaux said that she would like to see a data dashboard or map of suicides and the risk factors by geographic area. Terry Stigdon mentioned that Gretchen's presentation echoed her experience in the ER at Riley. Factors she saw there included severe anxiety, bullying, and social media. Sen. Breaux asked what legislators should do, and how other states are handling the issue. Dr. Hulvershorn noted that the state has a suicide prevention framework that is housed at DMHA. She noted there are many things that states can do, and it's all mapped out in the framework. Rep. DeVon stated that he would like to see Indiana being more proactive to prevent suicide and help the kids who are struggling. Dr. Hulvershorn noted that the most common factor for all cases is the presence of a mental illness, so getting treatment to those kids who need it is probably the most impactful thing to do. Dr. McCormick noted that there was a lot of good work going on in schools around social-emotional learning and mental health, though there is always room for improvement.

Presentation: Dr. Leslie Hulvershorn presented findings of a subcommittee working on a particular aspect of youth suicide (slides 35-42 in the [meeting PowerPoint](#)). The subcommittee looked into potential solutions when a youth presents as suicidal and the parents refuse mental health treatment. They explored two avenues: (1) using the civil commitment procedure to compel inpatient treatment, and (2) reporting the case to DCS as neglect. On the use of civil commitment, the committee recommends educating pediatric mental health clinicians and judges about the potential benefits of using civil commitments in cases of this type; creating documentation to be used in facilities around the state to create transparency and clarity for parents on the process; and potentially amending the civil commitment statutes to make it clearer that they can be applied to juveniles.

Discussion: Chris Naylor asked whether it was necessary to clarify who would pay for the involuntary treatment. Dr. Hulvershorn noted that paying for treatment is always an issue with civil commitment, but she did not think that was the primary barrier. Terry Stigdon agreed that money was not the main issue with families refusing treatment, and she agreed that clarifying the statute would be helpful. Sen. Breaux asked whether Julie could help with the legislation. Julie suggested that Dr. Hulvershorn's subcommittee work on draft legislation, and Dr. Hulvershorn said that perhaps the lawyers in the group could do that. Chief Justice Rush noted that payment avenues are available, but that medical-legal partnerships might be helpful.

Presentation: Dr. Hulvershorn continued presenting on the subcommittee's second line of inquiry—whether it would be helpful to get DCS involved in these cases when parents refuse mental health treatment. The subcommittee learned that this type of refusal does meet criteria under the neglect statute, however DCS tends to be reluctant to file these cases. These cases would fall under CHINS 6, which are seldom filed. The committee recommends that DCS starts to code these cases of mental health neglect within its system, because the data system as it currently is does not break out different types of neglect. Their second recommendation is training hotline staff to help them collect relevant information that the DCS attorneys would need to move these cases forward. Dr. Hulvershorn mentioned that national medical groups recommend involving both child welfare and the courts in these types of cases. A third recommendation in this area is to clarify the CHINS code to specifically talk about mental health neglect, to make it clearer that this is a form of neglect.

Discussion: Senator Breaux asked why these are harder cases to make in court. Dr. Hulvershorn stated that it was because the law that judges and attorneys rely on for CHINS cases does not talk explicitly about mental health neglect. She also noted that mental health neglect is a bit more subjective than medical neglect, and therefore might require substantiation of the treatment need from more than one provider.

5. Strategic Priority: Child Health and Safety

Presentation: Sharon Pierce of the Villages and Angela Smith-Grossman of DCS gave an update on kinship caregiver efforts (slides 44-54 in the [meeting PowerPoint](#)). Sharon reported that there are around 18,000 known kinship caregivers who are documented, but there could be upwards of 80,000 – 100,000 when including those that are not known to state systems.

Sharon reported that the subcommittee had followed through on its previous recommendation to create and post legal forms and instructions to help caregivers file for guardianship. These are now available on indianalegalhelp.org. She also reported that The Villages and DCS have established a statewide kinship care advisory committee, which meets quarterly. September is kinship care appreciation month nationally, and the advisory committee is eager to get the message out about the vital work of kinship caregivers.

Angela Smith-Grossman presented a summary of DCS's federal kinship navigation grant, which is just completing its second year. The first year was spent building the DCS infrastructure, writing the program and beginning the pilot in region 7. Year two has been spent on formal evaluation in hopes that the program may become eligible as a promising practice or evidence-based practice for the Family First Prevention and Services Act. In the upcoming third year, the hope is to begin to extend resources to families outside of DCS and to replicate the kinds of services The Villages offers in Central Indiana to the rest of the state, as well as completing evaluation of the pilot. The grant is also paying for some materials to promote kinship caregiver month. Angela noted that several churches and community groups have stepped up to help kinship families during this period as well. The pilot was extended to Region 1 in June. Kinship families have struggled a lot during remote learning and need educational support, and many kinship caregivers do not qualify for subsidized child care. Indiana is also starting to look at its data for racial inequities and designing educational materials for staff and partners to start considering some of the barriers that families meet that are unique to populations of color.

Discussion: Rep. Summers thanked Sharon and Angela for all the work that has been done so far. She expressed a concern that we don't really know how many families are providing kinships care, and she would like to know what can be done to identify those families that are outside of the formal system and get them some financial help. Sharon said that 92% of the families served by The Villages have informal care arrangements, not through DCS. She agreed that more needs to be done to identify informal caregivers, and partnerships with community agencies and churches are helping to do that. Angela said that if the evaluation is successful and the program is considered evidence-based, there will be federal reimbursement available for DCS's expenses to run the program, which could then continue and serve more families. DCS also has a guardianship assistance program that is currently underutilized and staff is working on raising awareness of that assistance. The agency is also working with community partners for child safety to ensure that organizations that serve families are aware of the particular needs of kinship families.

Sharon Pierce added that the September campaign around kinship care will also help raise awareness with families of where they can go to get support.

Terry Stigdon mentioned the importance of families completing the census, which includes information on children's living arrangements. The more families participate in the census the better data we will have on how many children are living with people other than their parents.

Presentation: Margaret Smith of Transform Consulting presented an update on the child maltreatment prevention framework project (slides 56-64 in the [meeting PowerPoint](#)). Margaret recapped the goals and deliverables of the project and showed an example of what Colorado had produced in a similar project. She then presented the project outline and timeline, including the different groups of stakeholders involved. The statewide advisory team had its first meeting in June and will meet again in late August. Data and feedback will be gathered from pilot communities in the fall.

6. Strategic Priority: Educational Outcomes

Presentation: Christy Berger of IDOE presented on Social-Emotional Learning and Mental Health Resources for Schools (slides 66-83 in the [meeting PowerPoint](#)). She noted that the earlier presentations on youth mental health needs highlighted why it is important for schools to address students' social, emotional, and behavioral wellness. Christy presented some Indiana data on youth emotional difficulties, including not feeling safe at school and feeling sad or hopeless, as well as national data on youth mental health and substance use disorder diagnosis and how those impact student attendance.

She described the social-emotional skills that are taught in schools, which help prevent mental health and substance use problems and prepare students for life after high school, including in the workforce. She showed data on the benefits of social-emotional learning programs, including cost savings and academic gains. Christy then reviewed some common myths about SEL and how the data contradicts those myths.

Christy then described IDOE's actions on SEL, beginning with creating social-emotional competencies, which correlate closely with college and career readiness, particularly such skills as stress management, critical thinking and problem solving.

Christy noted that the DOE has heard a lot of feedback from educators asking for help in supporting students with mental health and emotional needs. The department has adopted the Multi-Tiered Systems of Support (MTSS) model to help schools to support students and has created a new team, led by Christy, to support social, emotional, and behavioral wellness of students, including a suicide prevention coordinator. The IDOE staff has provided tools and trainings for schools to help them embed SEL into their academic curriculum and created a middle- and high-school course on the science of happiness. IDOE also produced a list of SEL resources that can be used in the remote environment, as well as a re-entry roadmap to guide schools on implementing SEL over the course of reopening schools in the fall, as well as resources for parents to use at home.

IDOE has also prioritized social emotional learning and wellbeing for educators by creating a course for educators that talks about their own wellbeing, compassion fatigue, secondhand trauma and things they can do to work on themselves before they go in front of their students. Over 5,000 educators are enrolled in that course. IDOE has also created an infographic for schools to put up in their staff lounges, encouraging adult self-care and wellbeing and if they are struggling with mental health concerns, who they can contact for help.

Discussion: Rep. DeVon asked whether and how teachers are trained to intervene if they notice a student in distress during remote learning. Christy said the DOE has created protocols and a list of signs that a child might be distressed as well as strategies for teachers to use. Every school also has policies on mandated reporting. Sen. Breaux asked whether DOE was getting useful data from the Youth Risk Behavior survey. Christy said that the survey has not provided weighted data for Indiana since 2015 because not enough schools are participating. Having that data would be very helpful to the department to gauge the success of their SEL efforts. Julie explained how the YRBS is administered and pointed out that the Commission has provided a letter of support for the survey for the past two survey administrations to encourage schools to participate. Sen. Breaux noted that there have been legislative efforts to mandate participation, but those have not been successful yet.

7. Strategic Priority: Juvenile Justice and cross-system youth

Presentation: Julie Whitman, Commission Executive Director, presented an update on the juvenile justice review project that the Commission approved at its February meeting. She noted that the Lily Endowment has agreed to fund that work and will begin soon.

Julie also reported that the Commission received some support from Casey Family Programs to put on a Youth and Family Engagement Summit. That will be an in-person event, which has been postponed to 2021, when it can be done safely. In the meantime, the Commission also got support from the Forum for Youth Investment, a national group that administers a national network of children's cabinets. That funding will allow the Commission to work with a local nonprofit and a group of older youth to go through a training program and put

on a virtual event in October where youth will tell their stories and share their concerns with policy makers. The virtual event will be held on October 23rd from 1:00 pm – 3:00 pm.

Discussion: Rep. DeVon thanked everyone for their participation and noted how important the work is that the Commission is doing.